

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF BEHAVIORAL HEALTH SERVICES  
Complaint Form**

Name of Applicant or Person Involved: \_\_\_\_\_

LAST	FIRST	MI
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Date Filed: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
                     Street                    City                    State                    Zip Code

Name of Person Filing: \_\_\_\_\_

LAST FIRST MI

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
                     Street                    City                    State            Zip Code

Relationship of person filing: ☐ Self (age 18+) ☐ Legal Guardian ☐ Custodian Parent  
☐ Agency with Legal Custody ☐ Other\_\_\_\_\_

I designate \_\_\_\_\_ to be my representative for this complaint.

Description of Complaint (please include dates, names, locations, also any other attempts to resolve the problem, attach additional pages if necessary):

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What solution do you want? \_\_\_\_\_

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\_\_\_\_\_

- ☐ I request an expedited hearing with the AHCCCS Administration. (Please see over for more information)
- ☐ I want my services continued throughout the AHCCCS hearing process. I understand that if I lose my appeal, I may be required to pay for the cost of the services that were continued during the appeal.
- ☐ I do not want my services continued throughout the AHCCCS hearing process.
- ☐ I request an appeal through PGBHA.

I understand that throughout the grievance or appeal process, it may become necessary for parties to this issue to obtain and review my medical records. I also understand that a file will be established at each level of appeal that I pursue. Any questions regarding this statement may be addressed to: PGBHA Customer Service at 1-800-982-1317.

(Reverse Side of Complaint Form)

You may request an expedited hearing directly from AHCCCS *if you received* a specific notice of a denial, suspension, reduction, or termination of a Title XIX or Title XXI covered service *that advised you* that you have the option of appealing directly to AHCCCS.

**An appeal of any other type of issue must be directed to: PGBHA**

**If you have any questions, please call PGBHA at:**

**1-800-982-1317**

**FAX (480) 982-7320**

**Or mail your complaint to:**

**PGBHA  
2066 West Apache Trail, Suite 116  
Apache Junction, Arizona 85520**